

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90069 020 \*\*\*150.00

**DOCUMENT # P94000013126**  
 1. Entity Name  
**JOSE A. GONZALEZ & ASSOCIATES, INC.**



Principal Place of Business 8360 W. FLAGLER SUITE 200 MIAMI, FL 33144	Mailing Address 14835 SW 138 TERR MIAMI, FL 33196
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**DO NOT WRITE IN THIS SPACE**

40013357



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0468897	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 GONZALEZ, JOSE A  
 8360 W. FLAGLER  
 SUITE 200  
 MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JOSE A 8360 W. FLAGLER, SUITE 200 MIAMI, FL 33144
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **01-26-07** **305-510-6632**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #